



The return of Forms 502, 503, 504, 505 and 506  
is only required if there are changes.

Arkansas Appraisal Management Company  
**CHANGE FORM**

Please utilize this form for reporting any changes of the Registrant's address, the previously named controlling person/managing principal, or agent of record for service of process.

**Registrant Information (If changed):**

AMC Name: \_\_\_\_\_

New Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Agent for Service of Process (If changed you will need to send proof of change from the Arkansas Secretary of State's Office):**

State the name, address and contact information for the registered agent for service of process.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Registrant's designated Controlling Person/Managing Principal (If changed you need to fill out forms AMC-501, 502, 503, 504, 505 and 506):**

Name: \_\_\_\_\_

(Designated Individual)

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

The applicant further states under penalty of perjury or forfeiture of registration that the above-designated managing principal is of good moral character and can demonstrate a background that is void of any felony, breach of trust, misdemeanors involving mortgage lending, real estate appraising, and any fraudulent or dishonest dealings.



Arkansas Appraisal Management Company  
**CONTROLLING PERSON/MANAGEMENT COMPANY  
CHANGE FORM FOR COMPLIANCE CERTIFICATION**

AMC NAME: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

On behalf of the above-named appraisal management company's application for state registration and in compliance with Act 628 of 2009, the following certification is submitted.

I, \_\_\_\_\_, do hereby certify that Mr./Ms. \_\_\_\_\_ is an agent of the above-named applicant and has been designated and duly authorized as the controlling person(s)/managing principal(s) to contract with individual clients and independent appraisers for the performance of appraisal services; and

I, also certify, that the controlling person herein named has full knowledge of the applicant's responsibilities upon becoming registered and has been officially delegated the authority to ensure the applicant's compliance with the applicable state statutes and Board's Rules and Regulations; and

I, further certify, that upon any change in the designated controlling person, the Board will be notified of the name and contact information within thirty (30) days of that individual's replacement.

Witness the hand and seal of the undersigned at (city, state) \_\_\_\_\_

This the \_\_\_\_\_ day of (month) \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Notary Public Signature)

State of: \_\_\_\_\_

County of: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

**FORM AMC-504**AMC Change Form  
Acceptance Cert

Arkansas Appraisal Management Company  
CONTROLLING PERSON DESIGNEE  
**CHANGE FORM FOR ACCEPTANCE CERTIFICATION**

AMC NAME: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

I, \_\_\_\_\_, (name of designee) do hereby certify that I am fully aware of my responsibilities under Act 628 of 2009 as the designated controlling person/managing principal to ensure compliance with all applicable state laws and Board rules on behalf of the Registrant's operation in Arkansas.

I, further certify, that being of sound body and mind, I have personally accepted the assigned responsibility of the controlling person as defined in the statutes.

Witness the hand and seal of the undersigned at (city, state) \_\_\_\_\_

This the \_\_\_\_\_ day of (month) \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature\_\_\_\_\_  
(Notary Public Signature)

State of: \_\_\_\_\_

County of: \_\_\_\_\_

My Commission expires: \_\_\_\_\_



Arkansas Appraisal Management Company  
**SYSTEMS AND RECORDKEEPING CERTIFICATION**

AMC NAME: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

I, \_\_\_\_\_, the undersigned, a duly authorized representative of the above-named applicant for registration in Arkansas, do hereby certify to the following:

That, the applicant has and will maintain a system to verify that Arkansas Appraisers being added to the applicant's appraiser panel hold a current license that is in good standing under Arkansas Appraiser Licensing & Certification Board Act (§17-14-101 et seq.) and that any out-of-state appraisers given Arkansas assignments will comply with the non-resident credentialing requirements; and

I also certify that the applicant has a process or system in place by which to periodically review the work of all independent appraisers to ensure that the appraisal services on Arkansas assignments are developed and reported in compliance with the applicable edition of the Uniform Standards of Professional Appraisal Practice; and

I further certify that the applicant understands the general recordkeeping requirements as set forth in Act 628 of 2009 and those prescribed by the Boards' rules and regulations and will specifically maintain, for five (5) years, a record of each request for appraisal services as relates to assignments in Arkansas and the independent appraiser who performs the appraisal service for the above-named applicant.

Witness the hand and seal of the undersigned at (city, state) \_\_\_\_\_

This the \_\_\_\_\_ day of (month) \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Notary Public Signature)

State of: \_\_\_\_\_

County of: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

AMC NAME \_\_\_\_\_

**If any legal or regulatory actions, investigations or administrative proceedings have been initiated against the Registrant or the managing principal by other states or any federal agency in the last 12 months, you must attach a full description of each item and copies of relevant documents to this form.**

The undersigned is duly charged to represent the above-named Registrant and certifies that the renewal information and supporting documents are, to the best of his/her knowledge, true and accurate in detail.

Witness the hand and seal of the undersigned at (city, state) \_\_\_\_\_

This \_\_\_\_ day of (month) \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature\_\_\_\_\_  
(Notary Public Signature)

State of: \_\_\_\_\_

County of: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

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are only required if there are changes.**



Please send to:  
Arkansas Appraiser Licensing and Certification Board  
900 W Capitol Ave, Suite 400  
Little Rock, AR 72201